

State of California—Health and Welfare Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-88)  
Please print or type. (Form designed for use on elite (12-pitch typewriter).

Shipper 18888 7/13/88

Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PROFESSIONAL TAPE CO. 9566 Vassar, Chatsworth, CA 91311		C1A1X1 00 01 01 44 31 62		A. State Manifest Document Number 87118938	
4. Generator's Phone ( 818 882-8663		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name Omega Recovery Services		10A ID 04 12 12 41 90 01		C. State Transporter's ID 904878	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 313 698-0991	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90606		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID C1AD 04 22 45 90 1	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Waste ORM- A NOS NA 1693 (Flexosolvent)		1	4	DIM	100 LBS
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. 01			
		b.			
		c.			
		d.			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name VICKI A. SOLIS		Signature Vicki A. Solis		Month Day Year 10/1/588	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name JAVIER HERNANDEZ		Signature Javier Hernandez		Month Day Year 07/15/88	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name FRANK FORD		Signature Frank Ford		Month Day Year 10/1/588	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR  
TRANSPORTER  
FACILITY

DHS 8022 A (11/87)  
EPA 8700-22  
(Rev. 9-86) Previous editions are obsolete.

White: TSD/ SENDS THIS COPY TO DOHS WITHIN 30 DAYS  
To: P.O. Box 3000, Sacramento, CA 95812

INSTRUCTIONS ON THE BACK

04/13/89

Shipper 20653

See Instructions on Back of Page 6  
and Front of Page 7State of California—Health and Welfare Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-91)Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest  
Document No.2. Page 1  
ofInformation in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

Time-Med Labeling Co.

9566 Vassar Ave., Chatsworth, CA 91311

4. Generator's Phone (818) 998-9474

A. State Manifest Document Number

8 8293773

B. State Generator's ID

5. Transporter 1 Company Name

Omega Recovery Services

6. US EPA ID Number

CAD 042 245 001

C. State Transporter's ID

904880

D. Transporter's Phone

213/698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Omega Recovery Services

12504 E. Whittier Blvd.

Whittier, CA 90602

10. US EPA ID Number

CAD 042 245 001

G. State Facility's ID

CA10104122450191

H. Facility's Phone

213/698-0991

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a. Waste ORM-A NOS  
(Flexosolvent)

NA 1693

ORM-A

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

I. Waste No.

006

DM

1001/150

G

State

211

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

VICKI A SOLIS

Signature

VA Solis

Month Day Year

04/18/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J CIRINGEOMI

Signature

Robert J Ciringiom

Month Day Year

04/18/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

04/18/89

DHS 8022 A (1/88)

EPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDf SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

06/04/2001 "ORIGINAL MANIFEST COPY"